

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046797

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 144

FILED DEC 5 1963

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston, Mo		c. CITY OR TOWN Mountain Grove	
Length of stay in 1b 3 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Hospital		d. STREET ADDRESS (If outside, give location) Rt. 4	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Henry Beryl Miner			4. DATE OF DEATH Month Day Year Nov. 29 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-6-1910	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body & Fender repair man		10b. KIND OF BUSINESS OR INDUSTRY automobile		11. BIRTHPLACE (City and state or country) Augusta, Kansas	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Harry Lee Miner			
13b. MOTHER'S MAIDEN NAME Nora Bell Reed		14. NAME OF HUSBAND OR WIFE Evelyn Pauline Miner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Harold Lee Cain Mtn. Grove, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Hypertension		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from September 13 <sup>th</sup> 1963 to 11/29/63 and last saw her alive on 11/29/63	
Death occurred at 5:00a m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE J. L. Spears M.D.	(Degree or title)	22b. ADDRESS Cabool, Mo	22c. DATE SIGNED 12/2/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-1-1963	23c. NAME OF CEMETERY OR CREMATORY Willow Springs Cemetery	23d. LOCATION (City, town, or county) (State) Wright Co. Mo.
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24. FUNERAL DIRECTOR Barber Funeral Home Mtn. Grove, Mo	25. DATE RECD. BY LOCAL REG. 12-3, 63	26. REGISTRAR'S SIGNATURE Myrtie Craig
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER/RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 1070  
2 1070  
3 1  
4 0  
5 1  
6  
7 1  
8 0  
9 332x  
10  
11  
12 1-0  
13 40

DEC 6 1963

JAN 7 1964

DEC 26 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Seary, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.